

CLAIMS ONLY	Application Number 10-676427	Filing Date
	Applicant(s)	

10-676427

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	✓					
2		✓				
3	✓					
4		✓				
5		✓				
6		✓				
7		✓				
8		✓				
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Total Indep	13					
Total Depend	17					
Total Claims	30					

• May be used for additional claims or amendments

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	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						